FOR INSTRUCTIONS, SEE BACK OF FORM

File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319

Fex: 515-281-4073

DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new contributes SCLOSURE BD. for state office must be filed electronically and effective January A Miles and DISCLOSURE BD. statements and reports filed by all committees for state office must be filed electronically.

electronically.

Effective May 1, 2010, all statements and reports for State PACELLY JAN 18 PM 5: 04

Parties must be filed electronically.

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COMMITTEE NAME (Must be same as on Statement of Organ	riginal de la Companya de la Company		ORM	
	ouncil		DR-2	DISCLOSURE .
IMPORTANT: Indicate by # type of committee you are reporting for: [(1)Statewide/Legislative/Judge Standing for Retention Candidate (2) (4)County Central Committee (5)County Candidate (6)City Candid Subdivision Candidate (8)County PAC (9)City PAC (10)School B 11) Local Ballot Issue	ala / 7 \School Board or Other Politic	al C (For	Office Use Only	13984
CANDIDATE COMMITTEES ONLY:		Log	iged in SQ	•
Candidate Name	Political Party (If applicable)		inned 5W	
Cloyd Robby Robinson			mpuler	
City Coursil District 4	District (if Senate or House)	Auk	# ted	
Late reports are subject to possible civil and criminal penalties. Pure	usent to lowe Code sections 68B.32	L A(7) and 68A	401/3), the can	didate, for a
candidate's committee, and the chairperson, for any other type of or	ommittee, is the individual responsib	le for Ming tin	nely and accurat	e reports.
SIGNATURE OF PERSON FILING REPORT	(319)350-0788 TELEPHONE		DATE SIG	2NED
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		UATE SI	JACO
I AM FILING A	REPORT FOR (1) ELECTIO	N /(2)NON-E	LECTION YEA	R.
(report date)	Indicate by	The second		
CHECK IF AMENDMENT TO REPORT DATED	· ·	Local Comm	litees, enter Date	of Election
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a DR-3 is flied.	Dissolution Form DR-3.	which Election	cal Committees, on is held	enter County in
		<u> </u>	11777	
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STATEMENT OF CASH ON HAND				
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For instructions, Sea Back of Form	SCHEDULE:		≢
CONTRIBUTIONS MONEY TAKEN IN	A (Rev. 07/03)	MONETARY RECEIPTS	
committee NAME (Must be same as on Statement of Organization) Robinson for City Council		CK THIS BOX IF NDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FOR FUND- RAISER INCOME
11/4/11	CK# 51%)	Amy Buelow 425 Owens StNW CLIASWOS		\$ 75.∞	
11/8/11	ck# Cash	Bonita Primiose 321 28th St. NW Cedar Capids IIA 52405		50.0D	
11/8/11	ck# Cash	unknown		15,00	
11/8/11	ck# Cash	unknowa		15,00	
11/8/11	ю# Cash	unknown		5,00	
11/10/11	ck# Cash	Ryan Robinson 635-5 13-11-Ave S Surfside Beach Sc 29575	grandson	50,00	
11/10/11	iD# cк# CQSh	Jessica Edens 43072 13# Ave S Surfecte Beach, Sc 29575		25.00	
	ID# CK#			;	
	ID# CK#				
	ID# CK#				
<u></u>			SUB-TOTAL	7250	

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and effinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of (for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE, A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF INDING FORM

COMMITTEE NAME (Must be	AAMA OO AA	Sietement of	Organization
COMMILIEE NAME (MUSI DO	Sellie as our	Otatemout of	0.90.00000.0

NUMBER 19/11 Cash CK# ment American Skillet Campaign meeting \$27.1	DATE EXPENDED MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
ID# CK#	47/11	NUMBER	American Skillet	Campaign meeting Lunch	\$27.11
ID#			OP Printing 2610 Pare Avenue Muscabne IIA 52761	payment on printing bill	350,00
CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK#					
CK# ID# CK# ID# CK# ID# CK# CK#					
CK# ID# CK# ID# CK# CK#					
CK# ID# CK#				•	
CK#					
SUB-TOTAL \$					
TOTAL (If last page of this schedule) \$ 2.00					

	COMMITTEES ONLY:	

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, politing, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and lows Code 68A.402(3)(I).)

Page	 of	

	IONS, SEE BACK OF FORM NAME (Must be same as on Statement of Organization)	·	SCHEDUI D	LE INCURRED BB) INDEBTEDNESS
Rob NOTE: Debts	□ c #	CHECK THIS BOX IF AMENDING FORM		
Schedi	ule, as well as any new obligations incurred in this period. LIGATIONS REMAINING THIS REPORTING PERIO ICLUDE LOANS SHOW LOANS ON SCHEDULE		An "incum goods or a received, i end of the regardless has been	ed debt" is a debt for services ordered or but not paid for by the reporting period., s of whether an invoice received.
DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS SERVICES PROVIDED OF PURCHASED		BALANCE OWED AT CLOSE OF REPORTING PERIOD*
9/19/11	OP Printing 2610 Park Avenue Muscatine (IA 52761	15,000 CQTY) Tri-fold Brochure		590.94
			,	
	TOTAL DEDTO OMED BY COMMITTEE AT		FOTAL S	
	TOTAL DEBTS OWED BY COMMITTEE AT 1	ne end of This Reporting P	EMOU	590.96
'if actual figure is	unknown, show "estimated" baside the figure.		Page _	(for Schedule D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-reising, politing, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

committee name (Must be same as on Statement of Organization) Robinson for City Council					IN-KIND CONTRIBUTIONS
					THIS BOX IF NG FORM
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
11/1/11	Eric Rosenthal 3935 Namy Jane in NE Cedar Rapids, IA 52402		Consulting Services	330.00	
222					
			SUB-TOTAL TOTAL (If lest page of this schedule)	93000 93000	
by marriage).	requires candidates to disclose the relationship of an ationship must be shown to the third degree of conse See Page 2 of forms packet.) If surname of contribut hip, enter "not applicable" in the relationship column.	nguinity (blood relativ	awielent utkrifte brie feer	Page	ofor Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM